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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 09/943,717 08/31/2001 *KS*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 8	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>KS</i>				

ADDRESS
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TITLE
 User interfaces for network services

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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